

Mail Ballot Data Request



By completing this form, you are requesting information on voter's that have requested a Mail Ballot from our office. Initial distribution of Mail ballots begins no more than 35 days before an election, and then occur daily on weekdays up until the 6th day before any election.

The Supervisor of Elections in Leon County offers two options for receiving the voter data for each mail ballot request:

- 1) Electronic distribution via the internet (no charge)
- 2) Printed labels for each voter name and address. This option requires a \$100 deposit, from which a \$.30 per page fee will be deducted.
 - Labels are 4" x 1" and come 20 names to a sheet.
 - Accounts will be charged daily for a full sheet regardless of the number of voters per sheet.
 - Printed labels require in-office pickup each day for timely delivery of your materials to the voters. You may designate an appointed person to pickup the sheets.
 - You will be debited until we receive notification that you wish to be removed from the list, or until you are no longer an eligible entity to receive this data.
 - If choosing the printed label option, you may want to consider an initial delivery of electronic data in lieu of printed labels as there may be thousands of records depending on your district or race.

Mail Ballot information is confidential and exempt from s. 119.07(1) and shall be made available to or reproduced only for the voter requesting the ballot, a canvassing board, an election official, a political party or official thereof, a candidate who has filed qualification papers and is opposed in an upcoming election, and registered political committees for political purposes only (F.S. 101.62(3)).

1) Authorized Entity

2) District

3) Party Selection

4) Initial data delivery method

5) Daily data delivery method

Only one deposit is required if you are using printed labels for both delivery methods

Authorized person or entity

Title

Mailing Address (where we may send a refund of leftover funds, if any)
Please include City, St and ZIP code.

Phone

E-mail

Please provide your signature on the line below in a printed version of this form. We do not accept digital signatures at this time. Your signature affirms you are authorized to receive this data per F.S. 101.62(3) as one of the entities listed on this form.

sign here:

I wish to designate an additional authorized person to receive this data

Yes

Additional authorized person eligible to receive information on your behalf

Title

Additional person phone

Additional person e-mail

If you would like to leave comments on the form, have questions or leave further instructions, you may do so in the area below.

The data on the form has been captured by our office, **but you MUST sign this form and submit it in order to complete the request.** You can save this form on the bottom right and come back to it later.

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